

**Division of Developmental Disabilities
Office of Quality Improvement
Day Program Review Tool**

III RECORDS/STANDARDS

Agency: _____
Contact: _____
Phone: _____

Site: _____
Address: _____

Staffing Ratios	Y/N/NA	COMMENTS
Community & Facility based 6:1		
Special needs 3:1		
Mobile crew 5:1		

Staff Meetings		COMMENTS
Meetings are held monthly		
a Agenda is present		
b Sign-In sheet in present		
c Follow-up to issues occurred		

Emergency Cards		COMMENTS
Correct, current, complete and accessible		
Available for community outings		

Weekly Activity Schedule		COMMENTS
Facility Based: Generic Schedule		
Community Based: Individualized Schedule		
Date and time of activity		
Nature of activity		
Location of activity		
Cost of activity		
Alternate activity		
Responsible staff person		
Changes noted if applicable		

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Monthly reports copies sent to AT/SE Coordinator	Y/N/NA	COMMENTS
Accurate completion		
ITN log book sign-in sheets included		
Monthly individual attendance & service hours included		
Notification of movement forms attached		
Prior notification of day program suspension		

Fire/Health Inspection Reports		COMMENTS
Review fire drill/smoke detector record		
a Date		
b Time of day		
c Evacuation time		
d Unusual circumstances during drill		
Review fire inspection reports		
Health inspection report (only if: food service component)		

Policies / Procedures Manual addresses:	
1 Admission to Service procedure	
2 Discharge/Transfer procedure	
3 Temporary suspension from program procedure	
4 Transportation procedures must address following:	
a Verify licenses & driving records of staff	
b Securing wheelchairs	
c Emergency/ Accident protocol	
d Vehicle safety checklist/maintenance of vehicles	
e Inclement weather-suspending day services	
f Medical and supervision recommendations done	
g Maintaining "Emergency cards for vehicle use"	
h Late pick up/ no pick up	
i Escort/drop off protocol	

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5 Medication procedures must address	
a Prescription medication	
b Over the counter medication	
c As needed “PRN” medication	
d Storage	
e Administration	
f Recording	
g Staff training	
h Discarding “Wasted Medication”	
6 Emergencies/accidents procedures include:	
a Notification of emergency and agency personnel	
1 Danielle’s Law	
b Notification of LG, HR (home representative) & CM	
c Unusual incident reporting	
7 Reporting Unusual Incidents procedure	
8 Investigating Unusual Incidents procedure	
9 Universal Precautions procedure	
10 Health Issues procedures must address	
a Signs symptoms of illness requiring removal	
1 Notification of HR, CM & LG	
2 Identify person responsible for decision making	
3 Documentation in day service records	
b Returning to program after an illness	
c Seizure (care and documentation)	
d Implementation of medical recommendations	
1 Dietary restrictions, feeding techniques and positioning	
2 Heating/air conditioning requirements	
11 Use/Safeguarding Adaptive Equipment	
12 Inclement weather/ extreme weather precaution	
13 DC# 9 Compliance (Hepatitis) DC# 45 HIV Aids	
14 Safety issues procedures must address	

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a Elopement risks	
b Self injurious behaviors	
c Aggressive behaviors	
15 Planning and participating in outdoor activities	
a Addresses inclement/extreme weather conditions	
1 Precautions to be taken	
2 Person responsible cancellation/modifications	
16 Equipment, safety and hazard	
17 Volunteers working with individuals served	
a DC # 24&40, Volunteer Serv & Background Checks	
b Written job descriptions for volunteers.	
c Orientation (documentation in volunteer's hr file)	
d Emergency, Abuse/Neglect policy and procedures	
18 Emergency procedures must address following:	
a Personnel assigned responsibilities for:	
1 Fire	
2 Bomb threats	
3 Severe weather procedures	
4 Power failure	
5 Missing persons	
6 Evacuation plan	
7 Vehicle breakdowns	
b A system to communicate emergencies	
19 Safeguard Equip & Mechanical Restraints DC# 20	
20 Personnel policies	
21 Individual rights procedures must address:	
a The resolution of conflicts identified by individuals and their families	
b A formal grievance and appeal process	

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Program Log Review	Y/N/NA	COMMENTS
Contact Re: IS, staff, general operations		
a Date and time of entry		
b Name of reporter		
c Summary of contact		

Individual Attendance & Service Hour Reports		COMMENTS
1 Available to staff for recording/review		
2 Current		
3 Coded correctly		
4 Previous months copies sent to CCW office		

Division Circulars	Y/N/NA	COMMENTS
1 Accessible for staff to review		
2 Current		

ITN Log Book		COMMENTS
1 Date of visit		
2 Time In		
3 Time Out		
4 Signature of therapist		

Revised 3/29/05